MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12656

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) STEWART AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELLEN	ANDERSON	DEC.	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	COLORED	MARRIED	DEC. 26, 1919	31 yrs.	0	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
FACTORY	CRAB PICKER	Oxford Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William ANDERSON	Lucy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	6-04-070	MRS. WILLIAM ANDERSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

825.5 1700

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immed.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	St.	near Trappe	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
12	24	50	c6:45 p.m.			Pass. in auto which struck tree

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c6:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis O'Neill MD	DME	Easton Md	12-26-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/28/50	Odd Fellows	Trappe (Rural)	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/50	M.A. Meeres	Maurice E. Leonard & Son	Easton, Md.

4461

VS. A15

FILED
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BEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12657

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Alexander E. (Middle) Bailey (Last) ~~Parker~~

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: about 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): St. Michaels - Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Bailey

14. MOTHER'S MAIDEN NAME: Mary J. Honey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen B. Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental suffocation from

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) portable kerosene stove

(c) body found 12-20-50

881.0

179 x

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home; (CITY OR TOWN): St Michaels; (COUNTY): Talbot; (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 18 - 50 ? M.; INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? In room ~ portable kerosene stove

22. I hereby certify that I attended the ~~deceased~~ from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis D. Welty M.D. DME. ADDRESS: Easton Md. DATE SIGNED: 12-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 12/22/50; NAME OF CEMETERY OR CREMATORY: St. Michaels; LOCATION (City, town, or county) (State): St. Michaels Md.

DATE REC'D BY LOCAL REG.: 12/21/50; REGISTRAR'S SIGNATURE: Mrs Ralph L. Dale

24. FUNERAL DIRECTOR: Norman D. Marshall ADDRESS: St. Michaels Md.

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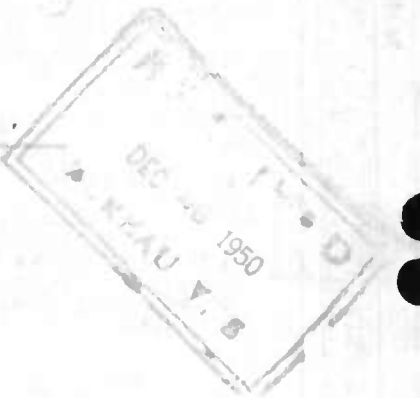
VS. A15



DEC 1950
BUREAU V. S

Buell

MARYLAND STATE DEPARTMENT OF HEALTH

12658

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Bowers
4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 26, 1882
9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Preacher
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jack Bowers
14. MOTHER'S MAIDEN NAME: Harriett Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: MacLean Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Instant.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Generalized Anasarca	6 mos
	(c) Chronic Myocarditis.	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1950, to 12-17, 1950, that I last saw the deceased alive on 12-17, 1950; and that death occurred at 9.13 A m., from the causes and on the date stated above.

SIGNATURE: W. F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 12-18-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/20/50 | NAME OF CEMETERY OR CREMATORY: Newtown | LOCATION (City, town, or county) (State): Near Cordova Md.

DATE REC'D BY LOCAL REG. 12/18/50 | REGISTRAR'S SIGNATURE: N. A. Norris | 24. FUNERAL DIRECTOR: R-B. Rawlings ADDRESS Greensboro, Md

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RECEIVED
DEC 27 1950

12659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Adams (Last) Brown
4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/25/1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wittman Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Adams
14. MOTHER'S MAIDEN NAME Henrietta Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-01-5990
17. INFORMANT AND ADDRESS Henrietta Mae Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular heart disease, Cardiac failure, Cerebral Hemorrhage — Interval Between Onset and Death 10 minutes

444 X 92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Osteoporosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to Aug ....., 1950, that I last saw the deceased alive on August, 1950 and that death occurred at 7 A.M. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Md. ADDRESS Tolstoi Md. DATE SIGNED 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 18-1950
NAME OF CEMETERY OR CREMATORY McDaniel
LOCATION (City, town, or county) (State) McDaniel - Talbot - Md.

DATE REC'D BY LOCAL REG. Dec 15-50
REGISTRAR'S SIGNATURE G. Wesley Sewell
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 28 1950.
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12660

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON, Maryland
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTON Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gracenville, Maryland.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) M (Last) BYRAN

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9 1879

9. AGE last birthday: 71 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Gracenville Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick K Bryan

14. MOTHER'S MAIDEN NAME: Margaret Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-9838

17. INFORMANT: Frederick K Bryan Gracenville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — 11/29/50

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic coronary disease — 2 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/, 1950, to 12/17/1950, that I last saw the deceased alive on 12/17/, 1950, and that death occurred at 1 10 P m., from the causes and on the date stated above.

SIGNATURE B Cof (Degree or title) M-D ADDRESS Easton Md DATE SIGNED 12/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 19-50

NAME OF CEMETERY OR CREMATORY: Christ field

LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG. 12/18/50

REGISTRAR'S SIGNATURE: N. H. Nevett

24. FUNERAL DIRECTOR ADDRESS: Bacon Bros Centreville Md

VS-A15

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12661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford — LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) Oxford

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Wesley (Last) Burrows
4. DATE OF DEATH (Month) 12 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-24-1900
9. AGE last birthday 50 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY helper Farm none
11. BIRTHPLACE (State or foreign country) Oxford Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 171-10-2858
17. INFORMANT Lillie M. Burrows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immed

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD — (Degree or title) MD — ADDRESS Easton Md — DATE SIGNED 12-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-11-50 — NAME OF CEMETERY OR CREMATORY Oxford Cem — LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 12/10/50 — REGISTRAR'S SIGNATURE N.H. Neerus — 24. FUNERAL DIRECTOR Booker & Wesley — ADDRESS Salisbury Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 27 1950

12662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 212 South Street

3. NAME OF DECEASED (Type or Print) (First) Henrietta (Middle) (Last) Butler

4. DATE OF DEATH (Month) 12 - (Day) 31 (Year) 1950

5. SEX Female
6. COLOR OR RACE ~~Cola~~
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH about 1878
9. AGE last birthday ~~about~~ 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing (Practical)
10b. KIND OF BUSINESS OR INDUSTRY Private families
11. BIRTHPLACE (State or foreign country) Dorchester Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~yes~~ no (If yes, give war or dates of service) ~~yes~~ no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Bessie Butler - 212 South St. Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
170x	Immediate cause	(a) Carcinoma of the breast	1 year
50	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Monoplegia	2 mo.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Dec. 31, 1950, that I last saw the deceased alive on Dec. 31, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE Haynard T. Webb, M.D. (Degree or title) ADDRESS 633 Dover St. Easton, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-4-51
NAME OF CEMETERY OR CREMATORY Richard's Cemetery
LOCATION (City, town, or county) Easton, Talbot Co. (State) Md.

DATE REC'D BY LOCAL REG. 1/2/51
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 9 1951
BUREAU V. S

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12663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton. — LENGTH OF STAY (in this place): 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland. — COUNTY: Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank. (Middle) J. (Last) Callahan.
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1950
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 23, 1872
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Mr. James A. Callahan
14. MOTHER'S MAIDEN NAME: Lou Freres
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT: Mr. Thomas Callahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease. — yrs.

Antecedent cause(s) (b) Arteriosclerotic Heart Disease. — yrs.

420.0
93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1950, to 12/26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE: Shepard Krech Jr (Degree or title) M.D. — ADDRESS: Easton — DATE SIGNED: 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/28/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG.: 12/27/50 — REGISTRAR'S SIGNATURE: N. H. Newnus — 24. FUNERAL DIRECTOR: John Williams — ADDRESS: Easton Md.

XV X99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951
NEAD, N. Y.

Harrison

12664

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Castle

4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1950

5. SEX M
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH June 15, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Castle
14. MOTHER'S MAIDEN NAME Elmira Joshua

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Louise Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of prostate

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec 50, 19....., to 18 Dec, 1950, that I last saw the deceased alive on 18 Dec, 1950, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE Newman Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 19 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 20 1950
NAME OF CEMETERY OR CREMATORY Belleerie Md
LOCATION (City, town, or county) (State) Belleerie Md

DATE REC'D BY LOCAL REG. 12/19/50
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Newman & Harrison ADDRESS St. Michaels, Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Webb

12665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coppersville — LENGTH OF STAY (In this place): All of life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle) M.	(Last) Copper	4. DATE OF DEATH	(Month) Dec.	(Day) 31	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 1886	9. AGE last birthday: 64 yrs.	If under 1 year: Months 3	Days 31	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning House	10b. KIND OF BUSINESS OR INDUSTRY: Factory	11. BIRTHPLACE (State or foreign country): Talbot Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Phillip Moaney		14. MOTHER'S MAIDEN NAME: Annie Blackwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-03-4254	17. INFORMANT: Richard Copper	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
153 x	Immediate cause	(a) Gangrene of the leg — moist	3 Week
46 e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Colon	1 Yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Dec 31, 1950, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Haynard T. Webb	M.D.	633 Dover St — Easton, Md	

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1/4/1951	NAME OF CEMETERY OR CREMATORY: Unionville	LOCATION (City, town, or county): Easton (Rural)	(State): Md.
DATE REC'D BY LOCAL REG.: 1/2/51	REGISTRAR'S SIGNATURE: N. H. Neirus	24. FUNERAL DIRECTOR: Maurice E. Newnam & Son	ADDRESS: Easton, Md. 496 x 1	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton. LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern memorial

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) Willis (Last) Dean.
4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 50 19

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 26, 1883
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Caroline Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr James S. Willis
14. MOTHER'S MAIDEN NAME: Mary Shufelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT: Mr W. Brewster Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	11/15/50
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Coronary Disease	?
55b	(c) Diabetes mellitus	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, cervical spine — 11/8/50

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1950, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 5 30/a m., from the causes and on the date stated above.

SIGNATURE: B Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 12/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/7/50
NAME OF CEMETERY OR CREMATORY: Hill Crest
LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: 12/4/50
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: J. J. Trampton and Son, Federalsburg, Maryland ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1hr 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Dulin
4. DATE OF DEATH (Month) Dec (Day) 17 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 27 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Dulin
14. MOTHER'S MAIDEN NAME Jennie Clifton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr William Dulin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	2 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardiovascular Disease	? years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1950, to 12/17, 1950, that I last saw the deceased alive on 12/17, 1950, and that death occurred at 10:40 P.m., from the causes and on the date stated above.

SIGNATURE Shepard Kech Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 12/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 20 1950
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 12/18/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR Newman & Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 27 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

12668

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Trappe
LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Trappe
STREET ADDRESS (If rural, give location) R.F.D #1

3. NAME OF DECEASED (Type or Print): (First) Alexzine (Middle) (Last) Eason

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 12 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months 7 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Frazier

14. MOTHER'S MAIDEN NAME: Janie Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Solomon Eason, Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: Few minutes

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic heart

950 2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1950, to 12/12, 1950, that I last saw the deceased alive on 12/12, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maynard T. Hubbard, MD ADDRESS 633 Dover St. Easton Md DATE SIGNED 12/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/15/50
NAME OF CEMETERY OR CREMATORY: Trappe Cemetery
LOCATION (City, town, or county) (State): Trappe, Maryland

DATE REC'D BY LOCAL REG. 12/13/50
REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. ADDRESS: Cambridge, Md

RECEIVED
DEC 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12669

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Typo or Print): (First) Mrs. (Middle) Laura (Last) Emons.

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 19 50

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug 10, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Boaz Murphy

14. MOTHER'S MAIDEN NAME: Mary Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Richard Blackburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Complete Heart Block — Interval Between Onset and Death: 2 days

420.1 9 Hov

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Coronary Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/, 19 50, to 12/17/, 19 50, that I last saw the deceased alive on 12/17/, 19 50, and that death occurred at 1:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Cof M.D. Easton Md 12/18/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 12/21/50

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG. 12/18/50

REGISTRAR'S SIGNATURE: N. A. Nevius

24. FUNERAL DIRECTOR: P. B. Rawlings ADDRESS: Greensboro, Md

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DEC 27 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 244

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Letta (Middle) A. (Last) Garvin
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1950
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 16 1892
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tilghman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hugh A. Haddaway
14. MOTHER'S MAIDEN NAME: Martha A. Ledmum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Luther Garvin, Tilghman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

414x Immediate cause (a) Myocardial Failure (Acute Dilatation) — 1 hr

92c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease Chronic — 25 yrs

(c) Pleurisy, fever — 25 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dropsy — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1924, to Dec 31, 1950, that I last saw the deceased alive on Dec 30, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Md — ADDRESS: Tilghman Md — DATE SIGNED: Jan 1 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan. 2, 1951 — NAME OF CEMETERY OR CREMATORY: Tilghman Cemetery — LOCATION (City, town, or county): Tilghman, (State): Md

DATE REC'D BY LOCAL REG.: 1-2-51 — REGISTRAR'S SIGNATURE: G H Jackson — 24. FUNERAL DIRECTOR: Newnam & Harrison — ADDRESS: St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amy (Middle) Gertrude (Last) Hoffman

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 3 1876
9. AGE last birthday 74 yrs. If under 1 year Months 10 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Domestic~~
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Easton Pt., Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eli Pratt
14. MOTHER'S MAIDEN NAME Mary E. Andrew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Judson Hoffman, Easton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic valvular heart	12 yrs.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(b) Arteriosclerosis	2 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1930, to Dec., 1950, that I last saw the deceased alive on Dec. 23rd, 1950, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour ADDRESS Easton, Md. DATE SIGNED 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 30-50
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton, (State) Maryland

DATE REC'D BY LOCAL REG. 12/28/50
REGISTRAR'S SIGNATURE N. H. Neerux
24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN. 3 1951
KEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12672

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) (Last) Jefferson

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/14/1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months. 10 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot County - Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Burrows

14. MOTHER'S MAIDEN NAME: Frances Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Noble Seymour - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary oedema	48 hrs
420.0 Antecedent cause(s)	(b)	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart disease.	year +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov, 1949, to Dec, 1950; that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 1:30 a.m., 12-9-50, from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles P. Waite M.D. — ADDRESS: St Michaels, Md — DATE SIGNED: 12-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/11/50 — NAME OF CEMETERY OR CREMATORY: Olivet — LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: Dec 11, 50 — REGISTRAR'S SIGNATURE: Mrs Robert R. Selk

24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md.

RECEIVED
DEC 12 1980

Krech

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Ferdinand (Last) Jelke Jr
4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Sept 20, 1861
9. AGE last birthday: 89 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Judge
10b. KIND OF BUSINESS OR INDUSTRY: Lawyer
11. BIRTHPLACE (State or foreign country): Ohio Cincinnati
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr Ferdinand Jelke Sr
14. MOTHER'S MAIDEN NAME: Grace Faris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. None Unknown
17. INFORMANT: Mr Ferdinand Jelke III

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis — 2 yrs.

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

420.0
186 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Neck of left Femur. — 8 days.

936.9

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

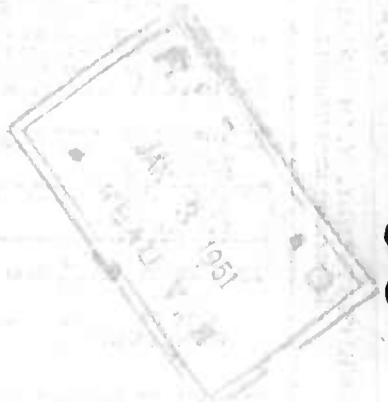
22. I hereby certify that I attended the deceased from 12/19, 1950, to 12/23, 1950, that I last saw the deceased alive on 12/23, 1950, and that death occurred at 12.55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Shepard Krech Jr M.D. Easton 12/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/27/50
NAME OF CEMETERY OR CREMATORY: Spring Grove
LOCATION (City, town, or county) (State): Cincinnati, Ohio

DATE REC'D BY LOCAL REG. 12/24/50
REGISTRAR'S SIGNATURE: N.D. Merrill
24. FUNERAL DIRECTOR: Barton Bros ADDRESS: Centreville, Md

25693



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12674

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 S. Aurora St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) 35 S. Aurora Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 26 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months 9; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: House work + Lawn work

11. BIRTHPLACE (State or foreign country): Easton Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Johnson

14. MOTHER'S MAIDEN NAME: Caroline Breeze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Leon Jackson Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

611 x Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: yrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatitis — yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 19[illegible], to 12-31 19[illegible], that I last saw the deceased alive on 12-30 19[illegible], and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE: W. T. Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 1-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 5 1951 — NAME OF CEMETERY OR CREMATORY: Richardson Cemetery — LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REG. 1/2/51 — REGISTRAR'S SIGNATURE: N. A. Nevins

24. FUNERAL DIRECTOR ADDRESS: John D. Williams, Easton, Md.

T2086

RECEIVED
JAN 9 1951
BEAU V.

12675

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale Md.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Jester (Last) Lord.
4. DATE OF DEATH (Month) 12/5 (Day) 50 (Year) 19

5. SEX Male.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 26, 1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware Lover
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Leonard F. Lord
14. MOTHER'S MAIDEN NAME Frances M. Jester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none ~~Unknown~~
17. INFORMANT Mr Raymond Lord

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure - due to	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital heart disease	-
	(c)	

754.4
15/e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Nov, 1950, to 5 Dec, 1950, that I last saw the deceased alive on 4 Dec, 1950, and that death occurred at 6:40 A. m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 6 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-8-50
NAME OF CEMETERY OR CREMATORY Eldorado
LOCATION (City, town, or county) Eldorado (State) Md.

DATE REC'D BY LOCAL REG. 12/6/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR J.J. Frampton Son ADDRESS Federalsburg md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1950
BUREAU

Palmer

12676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Talbot County — Easton, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 11 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs Della	M.	McPherson	Dec	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	July 30, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr William P Burris
14. MOTHER'S MAIDEN NAME: Margaret Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No -
17. INFORMANT: Mr A H McPherson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Complete Heart Block	24 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	1 yr
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 19 50, to Dec 16, 19 50, that I last saw the deceased alive on Dec 16, 19 50, and that death occurred at 8 00 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Palmer	M.D.	Easton, Md	12/15/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/19/50	Chesterfield	Centreville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/50	H.A. Nevins	Barton Bros	Centreville, Md

VS. A15

12677

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairbank Rural — LENGTH OF STAY (in this place) 8 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairbank - Rural.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wade (Middle) H (Last) Scott			4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 7-5-1875	9. AGE last birthday 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Pug boat Captain	10b. KIND OF BUSINESS OR INDUSTRY Towing ships		11. BIRTHPLACE (State or foreign country) Somerset Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John D. Scott			14. MOTHER'S MAIDEN NAME Julia White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY No. 228-36-8414		17. INFORMANT AND ADDRESS Lola N. Scott		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 min
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 28, 1950 and that death occurred at 10 45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Md. Telghman Md	12/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec 31-50	NAME OF CEMETERY OR CREMATORY Fairbank Private	LOCATION (City, town, or county) (State) Fairbank Talbot Co. Md
DATE REC'D BY LOCAL REG. Dec 31 1950	REGISTRAR'S SIGNATURE G. Jackson	24. FUNERAL DIRECTOR J. Reeds Moore	ADDRESS

13051 Telghman Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
JAN 4 1951
BUREAU OF

12678

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location) Higgins & North St

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) E (Last) SMITH
4. DATE OF DEATH (Month) Dec. (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 10, 1865
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Bridgeport Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM S. FOX
14. MOTHER'S MAIDEN NAME MARY ROWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Lene Harden. Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure - due to arteriosclerotic

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart disease (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 21 Dec, 1950, that I last saw the deceased alive on 19 Dec, 1950, and that death occurred at A m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 26 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE Dec. 22/50
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) (State) Denton Md

DATE REC'D BY LOCAL REG. 12/22/50
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Earle W. Stafford ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951
KEAU V. S

12679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place) 31 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural, give location) 120 North Washington Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mrs Alva Lee Stewart

4. DATE OF DEATH (Month) (Day) (Year) December 15 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 8, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W
11. BIRTHPLACE (State or foreign country) Md (Trappe)
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Martin Lyons
14. MOTHER'S MAIDEN NAME Dora Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown no
17. INFORMANT Mr Arthur Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 2 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Coronary Disease — 5 years

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14/, 1950, to 12/15/, 1950, that I last saw the deceased alive on 12/15/, 1950, and that death occurred at 3:50 m., from the causes and on the date stated above.

SIGNATURE P. E. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 12/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12/18/50 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 12/16/50 REGISTRAR'S SIGNATURE N. H. Neeves 24. FUNERAL DIRECTOR Maurice E. Newnam ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 27 1950
BUREAU U. S.

12680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) Berry (Last) Stewart

4. DATE OF DEATH (Month) December (Day) 4 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 8, 1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Fred Berry
14. MOTHER'S MAIDEN NAME Susan Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr Laurence Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	6 hours
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Bowel -	18 months
46e	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 8 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bowel -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to Dec 4, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE W. N. Palmer (Degree or title) MD ADDRESS Easton DATE SIGNED Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 7, 1950
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REC. 12/4/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR [illegible]
ADDRESS Easton Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1950
BUREAU OF

12681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland. COUNTY: Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Lottie M. Sullivan
4. DATE OF DEATH (Month) (Day) (Year): Dec. 27. 1950

5. SEX: F.
6. COLOR OR RACE: Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 17 Feb 1891
9. AGE last birthday: 59 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Burley
14. MOTHER'S MAIDEN NAME: Mole Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Catherine S Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anemia - due to malignant nephrosclerosis — 2 wks.

446 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension - malignant — (?)

131a (c) type

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to 27 Dec, 1950, that I last saw the deceased alive on 26 Dec, 1950, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison (Degree or title): M. D. ADDRESS: Easton Maryland DATE SIGNED: 27 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/29/50 — NAME OF CEMETERY OR CREMATORY: Richards — LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REG.: 12/28/50 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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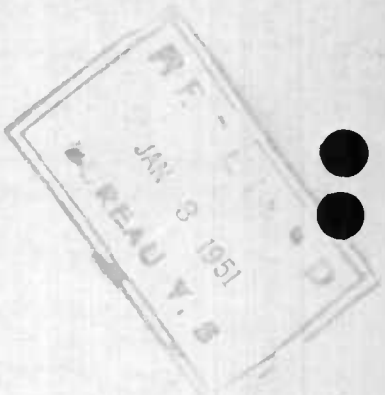
JAN 3 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12682

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton memorial hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) 32 South HARRISON

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) K. (Last) Thompson

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Oct 18, 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Charles Thompson

14. MOTHER'S MAIDEN NAME: Florence Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war, or dates of service): World War I

16. SOCIAL SECURITY NO. 276-10-9438

17. INFORMANT AND ADDRESS: Mrs Mildred E Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Lobar, RT Base — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

490 a

108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27/1950, to 12/29/1950, that I last saw the deceased alive on 12/29/, 1950, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

SIGNATURE B Cof (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 12/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: 12/31/50

NAME OF CEMETERY OR CREMATORY: Steubenville Ohio

LOCATION (City, town, or county) (State): Steubenville Ohio

DATE REC'D BY LOCAL REG. 12/30/50

REGISTRAR'S SIGNATURE: N. H. Nevins

24. FUNERAL DIRECTOR: [illegible]

ADDRESS: Easton Md

15663

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRBANK
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) PERRY (Last) TYLER
4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 1950
5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1/22/1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY Oyster
11. BIRTHPLACE (State or foreign country) Fairbank - Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edwin R. Tyler
14. MOTHER'S MAIDEN NAME Rosalina Cummings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 215-14-7359
17. INFORMANT AND ADDRESS Mrs. Corinne Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
421.4	Immediate cause	(a) ~~Cerebral~~ Arterial Sclerosis Palatic	5 yrs
92d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Underlying Heart Disease	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.. to Nov 31, 19.. that I last saw the deceased alive on Dec 24 19.. and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Jan 2, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/2/1951
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Tilghman Talbot (State) Md.

DATE REC'D BY LOCAL REG. 1-2-51
REGISTRAR'S SIGNATURE [illegible] L.R.
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman, Md.

900V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1951

Dr. Cook

12684

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): About life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 120 Goldsborough St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 120 Goldsborough St.

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) BELLE (Last) WALKER.

4. DATE OF DEATH: (Month) Dec. (Day) 19. (Year) 1950

5. SEX: FEMALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Nov. 19, 1876 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Easton - Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank B. Walker | 14. MOTHER'S MAIDEN NAME: Mary Frances Edgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 3 weeks

420.1 / 94a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerotic Coronary Disease — 4 yrs
(c) Arteriosclerosis, generalized — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/, 1950, to 12/19/, 1950, that I last saw the deceased alive on 12/18/, 1950, and that death occurred at 6 30 a m., from the causes and on the date stated above.

SIGNATURE: B Cook (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED: 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 21, 1950 | NAME OF CEMETERY OR CREMATORY: Spring Hill | LOCATION (City, town, or county) (State): Easton - Md.

DATE REC'D BY LOCAL REG. 12/20/50 | REGISTRAR'S SIGNATURE: N.H. Merrill | 24. FUNERAL DIRECTOR ADDRESS: Maurice E. Newnam & Son Easton - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12685

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. WEST ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHERWOOD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E. (Last) WILLIAMS
4. DATE OF DEATH (Month) DEC. (Day) 18 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH MAR. 15, 1900
9. AGE last birthday 50 yrs. If under 1 year Months 9 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER
10b. KIND OF BUSINESS OR INDUSTRY CANNING
11. BIRTHPLACE (State or foreign country) ELIZABETH CITY, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH FELTON
14. MOTHER'S MAIDEN NAME KATIE FELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.
17. INFORMANT KATIE FELTON, SHERWOOD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1950, to 12/18, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE Hayward T. Mitt (Degree or title) M.D. ADDRESS 633 Dover St. Easton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec 26/50
NAME OF CEMETERY OR CREMATORY anatomical Board
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 12/26/50
REGISTRAR'S SIGNATURE Ray J. Norman Marshall St Michaels, Md
24. FUNERAL DIRECTOR John D. Williams
ADDRESS Easton, Md.

496X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN. 3 1951
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